

AO 240 (DELAWARE REV 7/00)

**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**

NAVE, LARRY D.

Plaintiff

V.

DEPT. OF CORR. ET AL.

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 06 - 198

I, LARRY D. NAVE declare that I am the (check appropriate box)
☒ **Petitioner/Plaintiff/Movant** ☐ **Other** in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

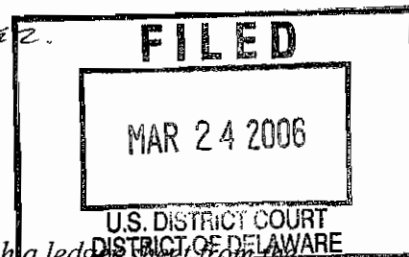
1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration DELAWARE CORR. CENTER

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

Have the institution fill out the certificate portion of this affidavit and attach a ledger from the institution(s) of your incarceration showing at least the past SIX months' transactions. Ledger sheets are not required for cases filed pursuant to 28:USC §2254.



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2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer. N/A

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. BEEN IN PRISON FOR 25 YRS.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. N/A

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

N/A

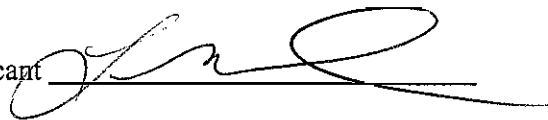
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

Date: 3/21/06

Signature of Applicant



DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

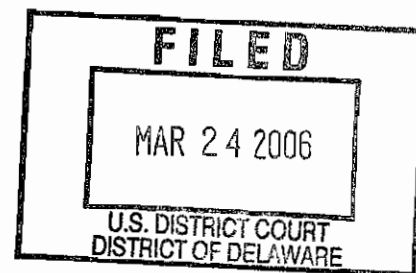
06 - 198

TO: Larry Nave SBI#: 164131

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: March 1, 2006



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Attached are copies of your inmate account statement for the months of
September 1, 2005 to February 28, 2006

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Sept</u>	<u>0</u>
<u>Oct</u>	<u>0</u>
<u>Nov</u>	<u>0</u>
<u>Dec</u>	<u>0</u>
<u>Jan</u>	<u>0</u>
<u>Feb</u>	<u>0</u>

Average daily balances/6 months: 0

Attachments

CC: File

Stacy Shane
3/1/06

M. L.
3/6/06
Noty Public

Source	Date	Deposit or Withdrawal Amount	Medical Hold	Nou-Medical Hold	Deposit Hold	Balance
Total Amount Currently on Medical Hold:			(\$3.85)			
Total Amount Currently on Non-Medical Hold:			(\$6.20)			

Date Printed: 3/1/2006

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Individual Statement

For Month of September 2005

SBI	Last Name	First Name	MI	Suffix	Reg Mth Balance:	\$0.00
00164131	Nave	Larry	D			
Current Location:	22	Comments:				

Trans Type	Date	Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Supplies-Mailp	9/23/2005	\$0.00	\$0.00	(\$1.29)	\$0.00	161451		POSTAGE	
Supplies-Mailp	9/23/2005	\$0.00	\$0.00	(\$0.83)	\$0.00	161452		POSTAGE	
Supplies-Mailp	9/29/2005	\$0.00	\$0.00	(\$0.13)	\$0.00	164131		POSTAGE	
Supplies-Mailp	9/29/2005	\$0.00	\$0.00	(\$0.13)	\$0.00	164149		POSTAGE	
Ending Mth Balance:					\$0.00				

Total Amount Currently on Medical Hold: (\$3.85)

Total Amount Currently on Non-Medical Hold: (\$6.20)

Individual Statement

Date Printed: 3/1/2006

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For Month of October 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00			
00164131	Nave	Larry	D						
Current Location:		22	Comments:						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Supplies-MailP	10/14/2005	\$0.00	\$0.00	(\$2.85)	\$0.00	172034		10/4/05	
Supplies-MailP	10/26/2005	\$0.00	\$0.00	(\$0.37)	\$0.00	176167		POSTAGE	
Ending Mth Balance:					\$0.00				

Total Amount Currently on Medical Hold: (\$3.85)

Total Amount Currently on Non-Medical Hold: (\$6.20)

Individual Statement

Date Printed: 3/1/2006

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For Month of November 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00			
00164131	Nave	Larry	D						
Current Location: 22		Comments:							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Medical	11/18/2005	\$0.00	(\$2.00)	\$0.00	\$0.00	185932		11/3/05	
Ending Mth Balance:					\$0.00				

Total Amount Currently on Medical Hold: (\$3.85)

Total Amount Currently on Non-Medical Hold: (\$6.20)